2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073667

City-St-Zip: HANCEVILLE, AL 35077 US

Entity Name: JAMES FAMILY PARTNERSHIP, LLC

FILED Sep 07, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
P.O. BOX DESTIN, F				
Current M	lailing Address:	New Mailing Addre	New Mailing Address:	
P.O. BOX DESTIN, F				
In accordan	: 61-1477139 FEI Number Applied For ce with s. 607.193(2)(b), F.S., the limited liab I Address of Current Registered Ag	pility company did not receive the prior not	Certificate of Status Desired() ice. s of New Registered Agent:	
SUITE A	DHN R JR WAY 98 EAST EL 32541 US			
	named entity submits this statement f e of Florida.	or the purpose of changing its registe	red office or registered agent, or both	
SIGNATUI	RE:			
	Electronic Signature of Register	red Agent	Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete JAMES, BRIAN K P.O. BOX 5506 DESTIN, FL 32540 FL	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete NANCY D. JAMES MARIT, AL TRUST COUNTY ROAD 558, BOX 271 HANCEVILLE, AL 35077 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	MGR () Delete JAMES, BONNIE K COUNTY ROAD 558, BOX 271	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: BRIAN JAMES MGRM 09/07/2005